

Registration District No. 542

Primary Registration District No. 5731

Registrar's No. 40

1. PLACE OF DEATH:

(a) County. Maries
(b) City or town. Rural - Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural - Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community. Life _____ (Specify whether)
years, months or days

3. (a) PRINT

FULL NAME Robert Bland Helton

3. (b) If veteran,
name war. ✓

3. (c) Social Security
No. ✓

4. Sex. Male 0
5. Color or race. White 1
6. (a) Single widowed, married, divorced, Married
6. (b) Name of husband or wife. Missouri Helton
6. (c) Age of husband or wife if alive. 52 years
7. Birth date of deceased. June 15, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 6 hr. min.

9. Birthplace. Maries Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. Farm

12. Name. Richard Helton

13. Birthplace. Maries Co., Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name. Jane Wiles

15. Birthplace. Maries Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant. Missouri Helton

(b) Address. Vienna, Mo.

17. (a) Rural (b) Date thereof. July 23, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Vienna, Mo.

18. (a) Signature of funeral director. J. C. Birmingham

(b) Address. Vienna, Mo.

19. (a) July 23, '41 (b) Mrs. Louis E. Galt
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Maries 662
(c) City or town. Rural - Jackson
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - Jackson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 21 day
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 31, 1941
to July 15, 1941 19____;
that I last saw him alive on July 15, 1941 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death. Hemiplegia 33 mo.

Due to. Hypertension ?

Due to. 83D

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence. _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury.

23. Signature. J. C. Birmingham M.D. or other _____
Address. Vienna, Mo. Date signed 7/22/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
.....
working under my personal supervision.

Signed.....
Registered Apprentice No.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.